

<i>SERFF Tracking Number:</i>	<i>CUNA-125528967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUNA Mutual Insurance Society</i>	<i>State Tracking Number:</i>	<i>38383</i>
<i>Company Tracking Number:</i>	<i>B10F-036-2007(J)(B)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>UT80EZ Informational</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: UT80EZ Informational

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: CUNA-125528967 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38383

Co Tr Num: B10F-036-2007(J)(B)

State Status: Filed-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Kari Hamrick, Carma
Bouska

Disposition Date: 04/02/2008

Date Submitted: 03/12/2008

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/18/2008

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 04/02/2008

State Status Changed: 04/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is an informational filing,

Please find attached a revised Explanation of Variables. The revised Explanation of Variables replaces the variables recently approved by the department in CUNA-125419728, approved on February 7, 2008.

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The only change in this revised Explanation of Variables is the explanation of the Accidental Death Protection.

Thank you for your prompt consideration of this submission.

Company and Contact

Filing Contact Information

Carma Bouska,	carma.bouska@cunamutual.com
2000 Heritage Way	(319) 483-3511 [Phone]
Waverly, IA 50677	

Filing Company Information

CUNA Mutual Insurance Society	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number:
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$20.00	03/12/2008	18535474

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		04/02/2008	04/02/2008

SERFF Tracking Number: CUNA-125528967

State: Arkansas

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State Tracking Number: 38383

Company Tracking Number: B10F-036-2007(J)(B)

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: UT80EZ Informational

Project Name/Number: /

Disposition

Disposition Date: 04/02/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CUNA-125528967</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUNA Mutual Insurance Society</i>	<i>State Tracking Number:</i>	<i>38383</i>
<i>Company Tracking Number:</i>	<i>B10F-036-2007(J)(B)</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>

Product Name: *UT80EZ Informational*

Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variables		Yes

SERFF Tracking Number: CUNA-125528967

State: Arkansas

Filing Company: CUNA Mutual Insurance Society

State Tracking Number: 38383

Company Tracking Number: B10F-036-2007(J)(B)

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: UT80EZ Informational

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CUNA-125528967	State:	Arkansas
Filing Company:	CUNA Mutual Insurance Society	State Tracking Number:	38383
Company Tracking Number:	B10F-036-2007(J)(B)		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name:	UT80EZ Informational		
Project Name/Number:	/		

Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	03/07/2008
Bypass Reason:	NA Informational filing.		
Comments:			
Bypassed -Name:	Application	Review Status:	03/07/2008
Bypass Reason:	NA Informational Filing		
Comments:			
Bypassed -Name:	Life & Annuity - Acturial Memo	Review Status:	03/07/2008
Bypass Reason:	NA Informational Filing		
Comments:			
Satisfied -Name:	Explanation of Variables	Review Status:	03/11/2008
Comments:			
Attachment:			
Explanation of Variables Revised.pdf			

Explanation of Variable Data
Application B10f-010-2007(J) and B10f-036-2007(J)
Revised March 7, 2008

Form Number(s)	Variable	Explanation
B10f-010-2007(J) B10f-036-2007(J)	Home Office Address	Allows for future changes to the home office address.
B10f-010-2007(J) B10f-036-2007(J)	Plan names	Variability allows for changes in the marketing name of the product.
B10f-010-2007(J) B10f-036-2007(J)	Instructions "Please print in black ink."	These instructions may or may not appear, or may be revised to provide clarification.
B10f-010-2007(J) B10f-036-2007(J)	Name and address lines	Name and address information is variable because it is either written in by the applicant or a prepared mailing label is placed in this area.
B10f-036-2007(J)	Work Telephone	A request for the work telephone may or may not appear.
B10f-010-2007(J) B10f-036-2007(J)	E-mail Address	A request for the e-mail address may or may not appear.
B10f-036-2007(J)	Height and Weight	A request for the height and weight may or may not appear.
B10f-036-2007(J)	Amount Desired (check one)	These words are either preprinted or a prepared mailing label is place in this area.
B10f-010-2007(J) B10f-036-2007(J)	Instructions "If no amount is checked, smallest coverage amount is assumed"	These instructions may or may not appear, or may be revised to provide clarification.
B10f-010-2007(J) B10f-036-2007(J)	Amount of insurance	Will either be a selection of units, a selection of coverage amounts or a blank line will appear to write in the coverage amount desired.
B10f-036-2007(J)	Accidental Death Protection	Accidental Death Protection may or may not be offered. If offered, the dollar amount may vary.
B10f-010-2007(J) B10f-036-2007(J)	Instructions below beneficiary designation	Instructions may or may not appear, or may be revised to provide clarification.
B10f-036-2007(J)	U.S. Citizenship question and Social Security #	A request for this information may or may not appear.
B10f-010-2007(J)	Age guidelines bracketed in Spouse Information	Bracketed to allow variability to indicate marketing intent.
B10f-010-2007(J) B10f-036-2007(J)	AUTOMATIC PAYMENT AUTHORIZATION paragraph	<p>One or more of the following billing paragraphs will appear. Some customization may occur, depending upon credit union marketing.</p> <p>Option 1 - AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown above) authorize CUNA Mutual Insurance Society to deduct premiums each month from my share draft (checking) account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)</p> <p>Option 2 – AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown above) authorize CUNA Mutual Insurance Society to deduct premiums each month from my <u>primary</u> share savings account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p>

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 3 - AUTHORIZATION AND SIGNATURE: I **authorize** CUNA Mutual Insurance Society and the financial institution named below to retain my account information and to make automatic monthly premium deductions from my **share draft/checking account** indicated on the VOID check. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 4 - AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to deduct premiums each month from my credit union account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone. Please check the type of account: ☐ **Share Draft/Checking Acct** OR ☐ **Primary Share Savings Acct**
If you do not select an account type, we will deduct premiums from your share draft (checking) account.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 5 – AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my **share draft (checking) account #** _____ (please write it in), as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 6 – AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my **primary share savings account #** _____ (please write it in), as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

		<p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)</p> <p>Option 7 – AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown above) authorize CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my (provide account number) Primary Share Savings acct # _____ OR Share Draft (Checking) acct # _____, as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone. If you do not select an account type, we will bill you directly at home.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)</p> <p>Option 8 - AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown on the reverse side) authorize CUNA Mutual Insurance Society to deduct premiums each month (and to retain my account information if I choose "Option A") from the account I have designated below for the life coverage(s) applied for on this application. If I do not designate an account, deductions will occur from my <u>primary</u> share savings account. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Please check the type of account you prefer monthly deductions to occur from (<i>check one only</i>):</p> <p>OPTION A <input type="checkbox"/> My <u>checking</u> account at the financial institution indicated on the VOID check below <u>or</u> OPTION B <input type="checkbox"/> My credit union <u>primary</u> share savings account.</p> <p>If you do not choose a type of account, <u>or</u> provide a VOID check, deductions will occur from your credit union <u>primary</u> share savings account.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected. Circle the date of the month you prefer for account deductions: 1 5 19 15 29 25 Other Day _____</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur. The <u>first</u> deduction may not be deducted on the day of the month you selected. We will notify you in writing before the first deduction occurs.)</p> <p>[VOIDED CHECK GRAPHIC]</p> <p>Please write "VOID" on your check and tape it here.</p> <p>Option 9 – Please bill me direct.</p>
B10f-010-2007(J) B10f-036-2007(J)	Fraud language	Depending on state requirements for fraud language, variability allows the language to be revised, appear or not appear.
B10f-010-2007(J) B10f-036-2007(J)	Account Owner's Signature	Required when the application includes an offer for automatic premium deductions. It would not appear when application does not offer automatic deduction language.